

<i>SERFF Tracking Number:</i>	<i>AMNA-127671489</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>49964</i>
<i>Company Tracking Number:</i>	<i>1030107R11</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>1030107R11</i>		
<i>Project Name/Number:</i>	<i>1030107R11/1030107R11</i>		

Filing at a Glance

Company: American National Insurance Company

Product Name: 1030107R11

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Filing Type: Form

SERFF Tr Num: AMNA-127671489 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 1030107R11

State Status: Approved-Closed

Authors: Tyra Reed, Tobie Brink

Date Submitted: 10/06/2011

Reviewer(s): Linda Bird

Disposition Date: 10/07/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

General Information

Project Name: 1030107R11

Project Number: 1030107R11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/07/2011

State Status Changed: 10/07/2011

Created By: Tobie Brink

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tobie Brink

Filing Description:

September 30, 2011

Arkansas Insurance Department

Compliance] Life and Health

1200 West Third Street

Little Rock AR 72201]1904

RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030) Filing Of:

SERFF Tracking Number: AMNA-127671489 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 49964
Company Tracking Number: 1030107R11
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design

Product Name: 1030107R11
Project Name/Number: 1030107R11/1030107R11

1030107R11 Application for Individual Graded Benefit Whole Life Insurance Policy

SERFF Tracking Number: AMNA-127671489

Company Tracking Number: 1030107R11

Dear Reviewer:

Please find attached the above referenced reinstatement application for your department's review and approval. This is a previously approved form and will replace 10301-07 approved on 12/7/2010 via SERFF Tracking Number AMNA-126890683.

1030107R11 is the application form. The recognized market where this application will be used is: direct mail and bank market. Applicants may also apply for this product via internet or by calling the telephone number provided in the mailed solicitation. Each process (online and telephone) uses an online process which walks the applicant through the application process. Screen prints for both processes are attached to the Supporting Documentation tab.

This application will be used with Form GBL10(10) approved 12/7/2010 via SERFF Tracking Number AMNA-126890683.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability
- Certificate of Readability
- Payment of any required filing fee
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

Tobie Brink
Life Policy Analyst III

Company and Contact

Filing Contact Information

Tobie Brink, Project Coordinator
One Moody Plaza
Actuarial Product Development
14th Floor

Tobie.Brink@ANICO.com
409-763-1112 [Phone] 4165 [Ext]
409-766-6933 [FAX]

SERFF Tracking Number: AMNA-127671489 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 49964
Company Tracking Number: 1030107R11
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: 1030107R11
Project Name/Number: 1030107R11/1030107R11

Galveston, TX 77550

Filing Company Information

American National Insurance Company	CoCode: 60739	State of Domicile: Texas
One Moody Plaza	Group Code: 408	Company Type:
Galveston, TX 77550	Group Name:	State ID Number:
(409) 763-4661 ext. [Phone]	FEIN Number: 74-0484030	

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Texas is the domicile state. Forms filed separately from the policy and subject to review/approval is 100.00. All retaliatory fees are based on Texas' fees.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$100.00	10/06/2011	52539612

<i>SERFF Tracking Number:</i>	<i>AMNA-127671489</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>49964</i>
<i>Company Tracking Number:</i>	<i>1030107R11</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>1030107R11</i>		
<i>Project Name/Number:</i>	<i>1030107R11/1030107R11</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/07/2011	10/07/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Online and Telephone Screens	Tobie Brink	10/07/2011	10/07/2011

<i>SERFF Tracking Number:</i>	<i>AMNA-127671489</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>49964</i>
<i>Company Tracking Number:</i>	<i>1030107R11</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>1030107R11</i>		
<i>Project Name/Number:</i>	<i>1030107R11/1030107R11</i>		

Disposition

Disposition Date: 10/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-127671489 State: Arkansas

Filing Company: American National Insurance Company State Tracking Number: 49964

Company Tracking Number: 1030107R11

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: 1030107R11

Project Name/Number: 1030107R11/1030107R11

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document (revised)	Online and Telephone Screens		Yes
Supporting Document	Online and Telephone Screens		Yes
Form	Application for Individual Graded Benefit		Yes
	Whole Life Insurance Policy		

SERFF Tracking Number: AMNA-127671489 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 49964
Company Tracking Number: 1030107R11
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: 1030107R11
Project Name/Number: 1030107R11/1030107R11

Amendment Letter

Submitted Date: 10/07/2011

Comments:

Good morning! Please find that the telephone screens were added. They were inadvertently left off at submission time.

Thanks!

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Online and Telephone Screens

Comment:

Part 1 1030107R11-AR - Online Screens.pdf

Part 2 1030107R11-AR - Online Screens.pdf

GBL 10301-AR - Telephone Screens.pdf

SERFF Tracking Number: AMNA-127671489 State: Arkansas

Filing Company: American National Insurance Company State Tracking Number: 49964

Company Tracking Number: 1030107R11

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: 1030107R11

Project Name/Number: 1030107R11/1030107R11

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1030107R11	Application/ Enrollment Form	Application for Individual Graded Benefit Whole Life Insurance Policy	Initial		54.200	1030107R11.pdf



APPLICATION FOR INDIVIDUAL GRADED BENEFIT WHOLE LIFE INSURANCE POLICY

American National Insurance Company
[P.O. BOX 696700
San Antonio, TX 78269]

ABOUT YOU

Name: _____ E-mail: _____
Address: _____ Apt. _____
City: _____ State: _____ ZIP Code: _____
Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____
Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ ☐ Female ☐ Male
Optional Secondary Addressee (for notification of past due premiums): Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____

YOUR BENEFICIARY AND AMOUNT OF COVERAGE

Plan: [Graded Benefit Whole Life] Amount: ☐ [\$10,000] ☐ [\$5,000] ☐ [\$3,000] ☐ Other: \$ _____
Beneficiary: _____ Relationship: _____
If no beneficiary survives the owner, or none is named, payment will be made to the owner's estate.
Do you intend to replace, discontinue, or change any existing life insurance policy issued by any company in relation to your purchase of this product? ☐ Yes ☐ No
If Yes, name of company and policy number(s): _____ Amount: _____

PAYMENT SELECTION

- [I authorize the collection of premiums in accordance with the payment method selected, unless instructed otherwise.]
- [1. ☐ Automatic monthly deductions from my checking or savings account. (Enclose a voided check.)]
- [2. ☐ Charge monthly premiums to my: ☐ Visa ☐ MasterCard ☐ Discover Visa, MasterCard or Discover Account Number Exp. Date]
- [3. ☐ Bill me. (Send no money now.)]

AGREEMENTS AND REPRESENTATIONS

I represent the information above is true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable if death occurs from sickness or natural causes during the first two years. The reduced benefit amount is equal to 25% of the face amount during the first year and 50% of the face amount during the second year. **I also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during my lifetime.** To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information. [*I have read the Consumer Disclosure on the Sale of Insurance accompanying this application.*]

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **(AR):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: X _____ Date: X ____ / ____ / ____
Month Day Year

1030107R11

<i>SERFF Tracking Number:</i>	<i>AMNA-127671489</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>49964</i>
<i>Company Tracking Number:</i>	<i>1030107R11</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>1030107R11</i>		
<i>Project Name/Number:</i>	<i>1030107R11/1030107R11</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: 1030107R11 Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This is not a policy filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is not a policy filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: AR CL.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		

SERFF Tracking Number:	AMNA-127671489	State:	Arkansas
Filing Company:	American National Insurance Company	State Tracking Number:	49964
Company Tracking Number:	1030107R11		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name:	1030107R11		
Project Name/Number:	1030107R11/1030107R11		

SOV 1030107R11.pdf

Item Status:

Status

Date:

Satisfied - Item: Online and Telephone Screens

Comments:

Attachments:

Part 1 1030107R11-AR - Online Screens.pdf

Part 2 1030107R11-AR - Online Screens.pdf

GBL 10301-AR - Telephone Screens.pdf



READABILITY CERTIFICATION

We hereby certify that the following form(s), meet the requirements of the Readability Insurance Policies Act:

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
1030107R11	Application for Individual Graded Benefit Whole Life Insurance Policy	54.2

Rex D. Hemme
Senior Vice President & Actuary
American National Insurance Company
9/30/2011



Tobie Brink, Life Policy Analyst III
Product Development – Actuarial
Home Office : One Moody Plaza, 14th Floor
Galveston, Texas 77550

e-mail: tobie.brink@anico.com
Phone: (409) 763-4661 x 4265
Fax: (409) 766-6933

September 30, 2011

Arkansas Insurance Department
Compliance - Life and Health
1200 West Third Street
Little Rock AR 72201-1904

RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030) Filing Of:
1030107R11 Application for Individual Graded Benefit Whole Life Insurance Policy
SERFF Tracking Number: AMNA-127671489
Company Tracking Number: 1030107R11

Dear Reviewer:

Please find attached the above referenced reinstatement application for your department's review and approval. This is a previously approved form and will replace 10301-07 approved on 12/7/2010 via SERFF Tracking Number AMNA-126890683.

1030107R11 is the application form. The recognized market where this application will be used is: direct mail and bank market. Applicants may also apply for this product via internet or by calling the telephone number provided in the mailed solicitation. Each process (online and telephone) uses an online process which walks the applicant through the application process. Screen prints for both processes are attached to the Supporting Documentation tab.

This application will be used with Form GBL10(10) approved 12/7/2010 via SERFF Tracking Number AMNA-126890683.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability
- Certificate of Readability
- Payment of any required filing fee
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

Tobie Brink

Tobie Brink
Life Policy Analyst III



MEMORANDUM OF VARIABLE MATERIAL for 1030107R11

This memorandum was prepared for use with 1030107R11, the Application for Individual Graded Benefit Whole Life Insurance. 1030107R11 is an individual life insurance application used for the graded benefit product marketed through American National Insurance Company's direct marketing branch. Variable material contained in the application is denoted by the use of brackets and the variable fields are as follows:

ADDRESS: (Street and/or PO Box, City, State and Zip Code). This field will display the physical address and/or the post office box to where the completed form may be mailed. This address will coincide with the appropriate receiving department.

PLAN: This field is pre-filled with a description of the product offered. The current range of simplified issue products is: Graded Benefit Whole Life

We certify that only approved products will be marketed via this application. An updated memorandum of variable material will be filed with an updated range with the addition of any new products for which this application can be used.

AMOUNT: Based on the Plan shown, the three most popular applied for face amounts (based on experience and/or market research) will be pre-filled as possible selections. A reasonable range for the displayed amounts, considering the above plan would be: (Min.) \$3,000 (Max) \$25,000.

Please note that the applicant is able to choose an amount other than those shown by checking the "Other" box, and filling in the desired dollar amount of coverage.

PAYMENT SELECTION - This section will be pre-filled with payment options in relation to the solicitation channel (i.e. General Mailings, Third party mailings with Banks, Credit Card Issuers and Mortgage companies)

For General Solicitations (non-third party mailings, Third party mailings where no inherent billing mechanism is provided or internet/phone applications) the following payment options are available:

1. Automatic monthly deductions from checking or savings account
2. Monthly charges to credit card (i.e., MC, VISA, DISCOVER)
3. Enclosed check or money order for initial monthly payment
4. Direct Bill (Send no Money Now)

For Third Party Solicitations where an inherent billing mechanism is present, appropriate billing authorization language will be provided subject to standards and language established by such Third party.

Payment/Authorization model language for a bank mailing might appear as follows:

"I understand that by signing this application, I authorize my premiums to be automatically deducted from my (insert Bank name) account once the policy is issued. All premiums for this coverage will be automatically deducted monthly from my account until I instruct otherwise."

CONSUMER DISCLOSURE STATEMENT - Within the Agreements section, the statement: "I have read the Consumer Disclosure on the Sale of Insurance accompanying this application." will only appear for those applications produced for the Bank Solicitation channel. The Consumer Disclosure on the Sale of Insurance is contained on the accompanying letter that is provided with the application when the product is solicited via banks and states the following:

-Not Insured by FDIC

-Not a Deposit of or Guaranteed by (Bank Name) or any Federal Government Agency or any (Bank Name) Affiliates.

We certify that any change or modification to a variable item will be administered in accordance with your department's requirements regarding variable material, including any requirements for prior approval of a change or modification.

Get a Fast Quote page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/initProc.d

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Get A FastQuote

All asterisked * fields must be completed.

First Name: * Middle Initial: Last Name: *

Suffix:

Primary Mailing Address: *

City: * State: *

Zip: * -

Gender: * ☐ Male ☐ Female

Date of Birth: * / /

E-Mail Address: *

Work Telephone Number: - - Home Telephone Number: * - -

Coverage Amount* (in whole dollars)

Get Quote

Underwritten by:
AMERICAN NATIONAL
American National Insurance Company
10301-1

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert SECURED 12-27-2012

Done Trusted sites 100%

Suffix: I, II, III, IV, V, Jr., Sr.

State: All 50 states including D.C.

Date of Birth: Month: January – December; Days: 1 – 31; Year: 1924 – 2010

Your Personalized Fast Quote page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/getFastQ

File Edit View Favorites Tools Help

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American National Insurance Company Application for...

Live Support ONLINE

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Your Personalized FastQuote!

All asterisked * fields must be completed.

9/27/2011

Based on the information you provided, you are eligible to apply for:

*Insurance Plan	Coverage Amount	Monthly Premium	Guaranteed Cash Values After	
			10 Yrs	20 Yrs
<input checked="" type="radio"/> Graded Benefit Whole Life	\$25,000	\$264.50	\$4,682.00	\$16,185.00

(Special Monthly Rate - Save \$2 per month by choosing one of our automatic payment methods)

If you would like another quote, Please enter another Coverage Amount (in whole dollars): [New Quote](#) Or [Apply Now](#)

Underwritten by:
AMERICAN NATIONAL
American National Insurance Company
10301-I

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert SECURED ssl certificates

Trusted sites 100%

Applicant Information page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/enterPOS

File Edit View Favorites Tools Help

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Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Applicant Information (Continued)

All asterisked * fields must be completed.

Social Security Number: * - -

Home Phone Number: * - - Work Telephone Number: - -

Do you intend to replace, discontinue, or change any existing life insurance policy issued by any company in relation to your purchase of this product? * ☐ Yes ☐ No

Continue

Underwritten by:
AMERICAN NATIONAL
American National Insurance Company
10301-I

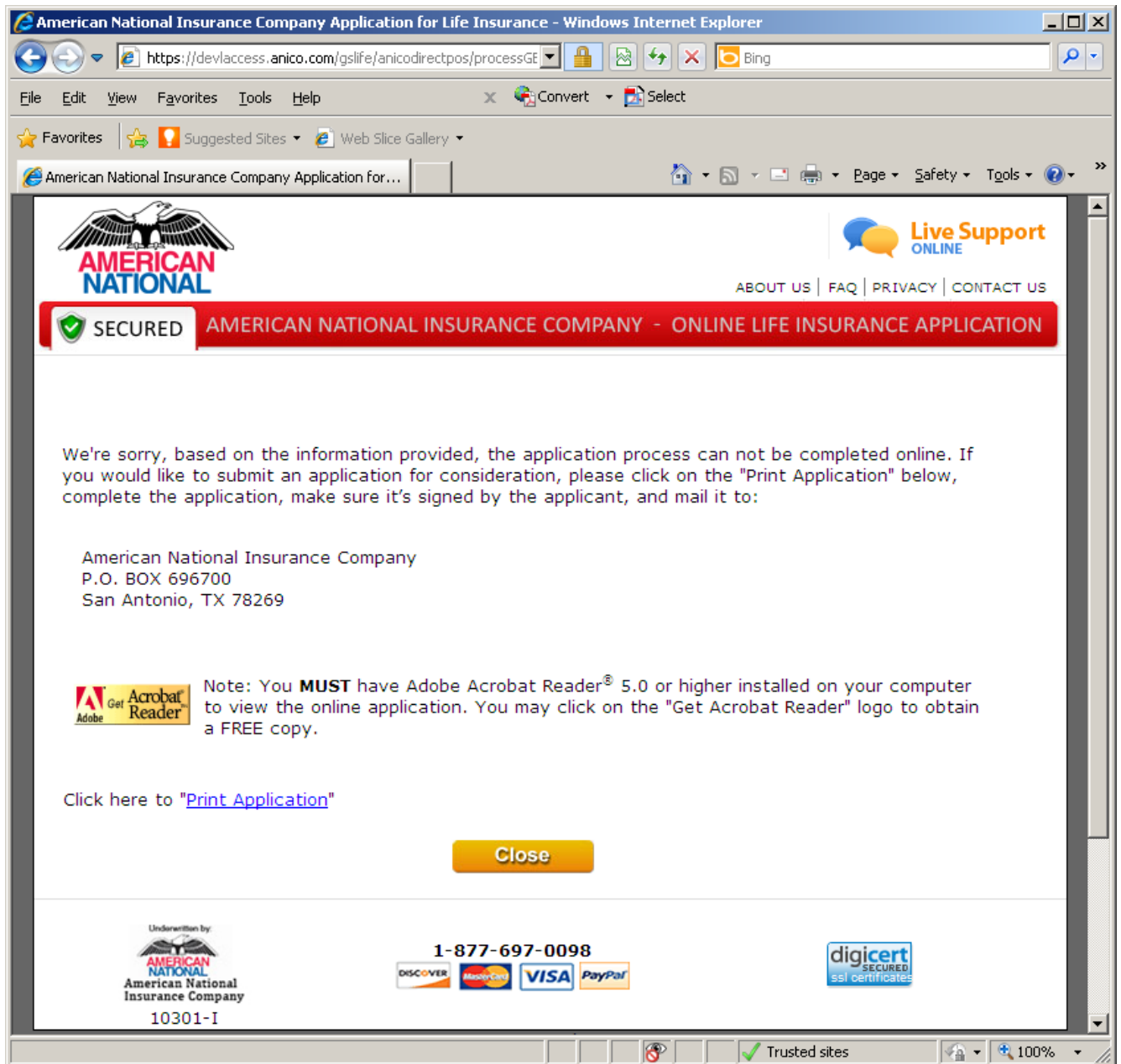
1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert SECURED ssl certificates

Trusted sites 100%

If the replacement question is answered "yes", the following page is displayed



Beneficiary Information page

The screenshot shows a web browser window titled "American National Insurance Company Application for Life Insurance - Windows Internet Explorer". The address bar shows the URL "https://devlaccess.anico.com/gslife/anicodeirectpos/processG". The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar shows various icons for navigation and security. The page header features the American National Insurance Company logo, a "Live Support ONLINE" button, and links for ABOUT US, FAQ, PRIVACY, and CONTACT US. A red banner across the top reads "SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION". The main content area is titled "Applicant Information (Continued)" and includes a note: "All asterisked * fields must be completed." The "Beneficiary Information:" section contains the following fields: First Name, Middle Initial, Last Name, Suffix (a dropdown menu), Relationship (a dropdown menu), and Additional Beneficiary Information (a text area). At the bottom of the form are "Back" and "Continue" buttons. The footer includes the American National Insurance Company logo, the phone number 1-877-697-0098, logos for Discover, MasterCard, VISA, and PayPal, and a "digicert SECURED" logo with the date 12-27-2012. The browser's status bar at the bottom shows "Done", a "Trusted sites" icon, and a zoom level of 100%.

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/processG

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Applicant Information (Continued)
All asterisked * fields must be completed.

Beneficiary Information:
(If no beneficiary survives the owner, or none is named, payment will be made to the owner's estate)

First Name: Middle Initial: Last Name:

Suffix:

Relationship:

Additional Beneficiary Information:

Back Continue

Underwritten by
AMERICAN NATIONAL
American National
Insurance Company
10301-I

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert
SECURED
12-27-2012

Done Trusted sites 100%

Suffix: I, II, III, IV, V, Jr., Sr.

Relationship: Son, Daughter, Brother, Father, Sister, Father-in-law, Brother-in-law, Sister-in-law, Grandson, Granddaughter, Mother, Niece, Nephew, Other, Spouse, Child, Parent, Mother-in-law, Estate, Fiance

Secondary Addressee

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/processC

File Edit View Favorites Tools Help

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American National Insurance Company Application for...

Live Support ONLINE

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Applicant Information (Continued)

All asterisked * fields must be completed.

You may name an optional Secondary Addressee to receive notification of past due premiums on your policy.

Secondary Addressee:

First Name: Middle Initial: Last Name:

Suffix:

Mailing Address:

City: State:

Zip: -

Back Continue

Underwritten by:
AMERICAN NATIONAL
American National
Insurance Company
10301-1

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert SECURED 12-27-2012

Done Trusted sites 100%

Suffix: I, II, III, IV, V, Jr., Sr.

State: All 50 states including D.C.

Representation page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/processSec


File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

 SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION



Representations


I represent the information above is true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable if death occurs from sickness or natural causes during the first two years. The reduced benefit amount is equal to 25% of the face amount during the first year and 50% of the face amount during the second year. **I also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during my lifetime.** To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.





You agree and represent that this information is true:


☐ Yes ☐ No

 Back  Continue

Underwritten by

American National Insurance Company
10301-I

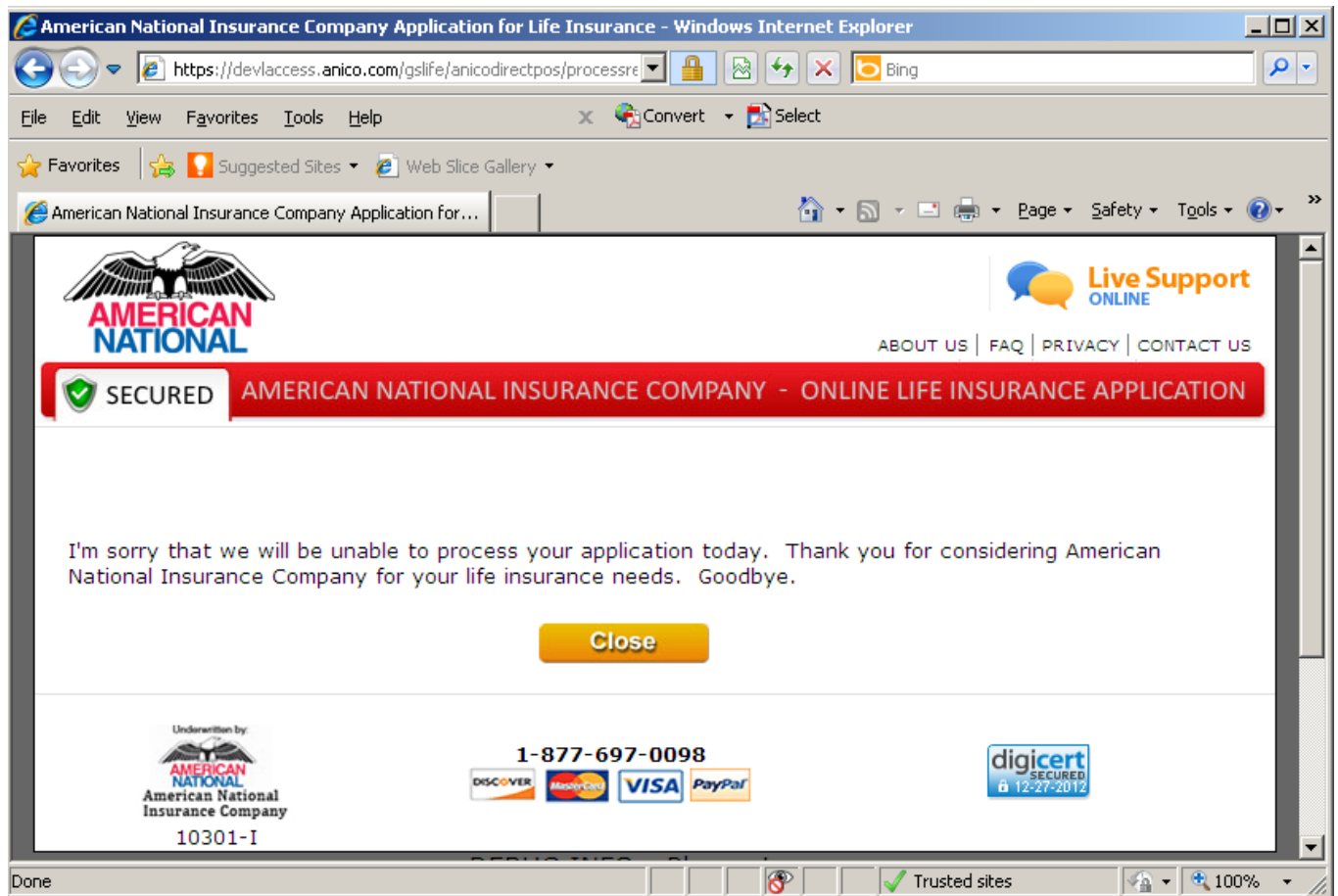
1-877-697-0098



Done Trusted sites 100%

If "no" is selected then this page will display



Review App/Proposed Insured page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/processSi

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery


American National Insurance Company Application for...

Live Support ONLINE


ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION





Please make sure the information you provided on your application is accurate by using the "Click here to review your application" link below. Your application will appear on a separate screen. If you need to make corrections, simply close the application screen to return to this page. Then use [this link](#) to make your corrections. Once you are satisfied that all the information is correct, simply click the "Continue" buttons to proceed.


 Note: You **MUST** have Adobe Acrobat Reader® 5.0 or higher installed on your computer to view the online application. You may click on the "Get Acrobat Reader" logo to obtain a FREE copy.

Is the person completing this application the proposed insured? * ☐ Yes ☐ No
Click [here](#) to review your application.

Underwritten by:

American National Insurance Company
10301-I

1-877-697-0098

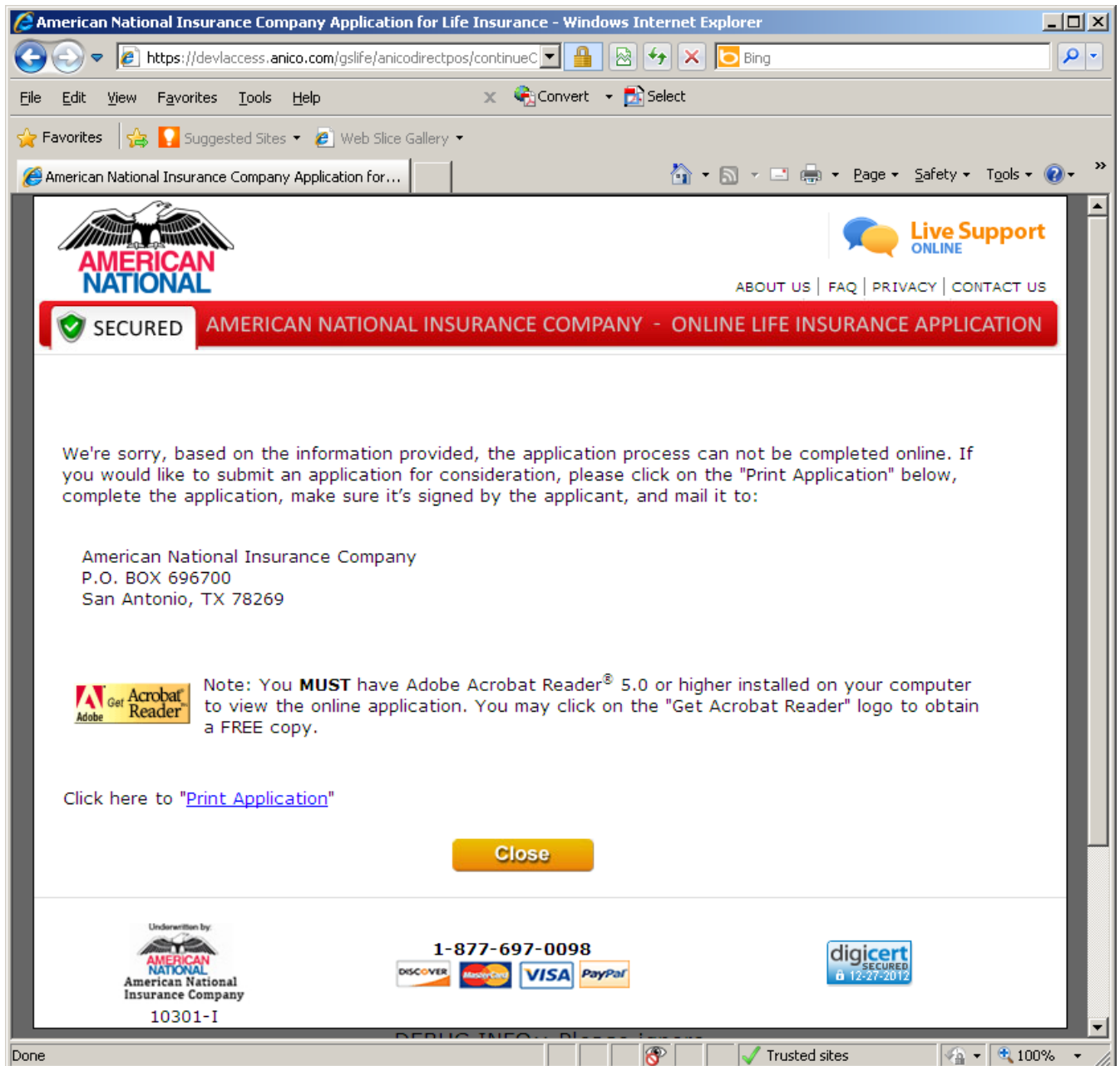


Done

Trusted sites

100%

If "No" is selected this page is displayed



Change of Address Information page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/continueO

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Change of address information

Salutation: *

First Name: * Middle Initial: Last Name: *

Suffix:

Primary Mailing Address:

City: * State: AR Zip: * -

Work Telephone Number: - - Home Telephone Number: * - -

[Back](#) [Continue](#)

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American National Insurance Company
10301-I

1-877-697-0098

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digicert
SECURED
ssl certificates

Trusted sites 100%

Salutation: Dr., Mr., Mrs., Ms

Suffix: I, II, III, IV, V, Jr., Sr.

Consent for Use of Electronic Signatures and Records Disclosure page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/continueC

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Consent For Use Of Electronic Signatures and Records - Before we can process your application online, we will need you to sign it together with certain other documents. This process will bind your electronic "signature" to these documents such that no changes can ever be made to the information you provided without invalidating your signature. This provides you with the assurance that any information you provide will be retained exactly as you provided it - guaranteed! Also, please be assured that all of your information is subject to our strictest security and privacy standards. Click on the Security & Privacy link below for more information. Please read and acknowledge your consent to use electronic signatures and agreement to receive required notices and documents electronically.

Consent for use of electronic signatures and records:

American National Insurance Company is required by law to provide you with certain disclosures and information about your life insurance application ("Required Information"). With your consent, American National Insurance Company can deliver Required Information to you by: Displaying or delivering the Required Information electronically, and Requesting that you print or download the Required Information and retain it for your records.

This notice contains important information that you are entitled to receive before you consent to electronic delivery of required information. Your consent also permits the general use of electronic records and electronic signatures in connection with your application. Please read this notice carefully and print or download a copy for your files.

After you have read this information, if you agree to receive Required Information from American National Insurance Company electronically, and if you agree to the general use of electronic records and electronic signatures in connection with your relationship with American National Insurance Company, please click on the "Accept" button at the bottom.

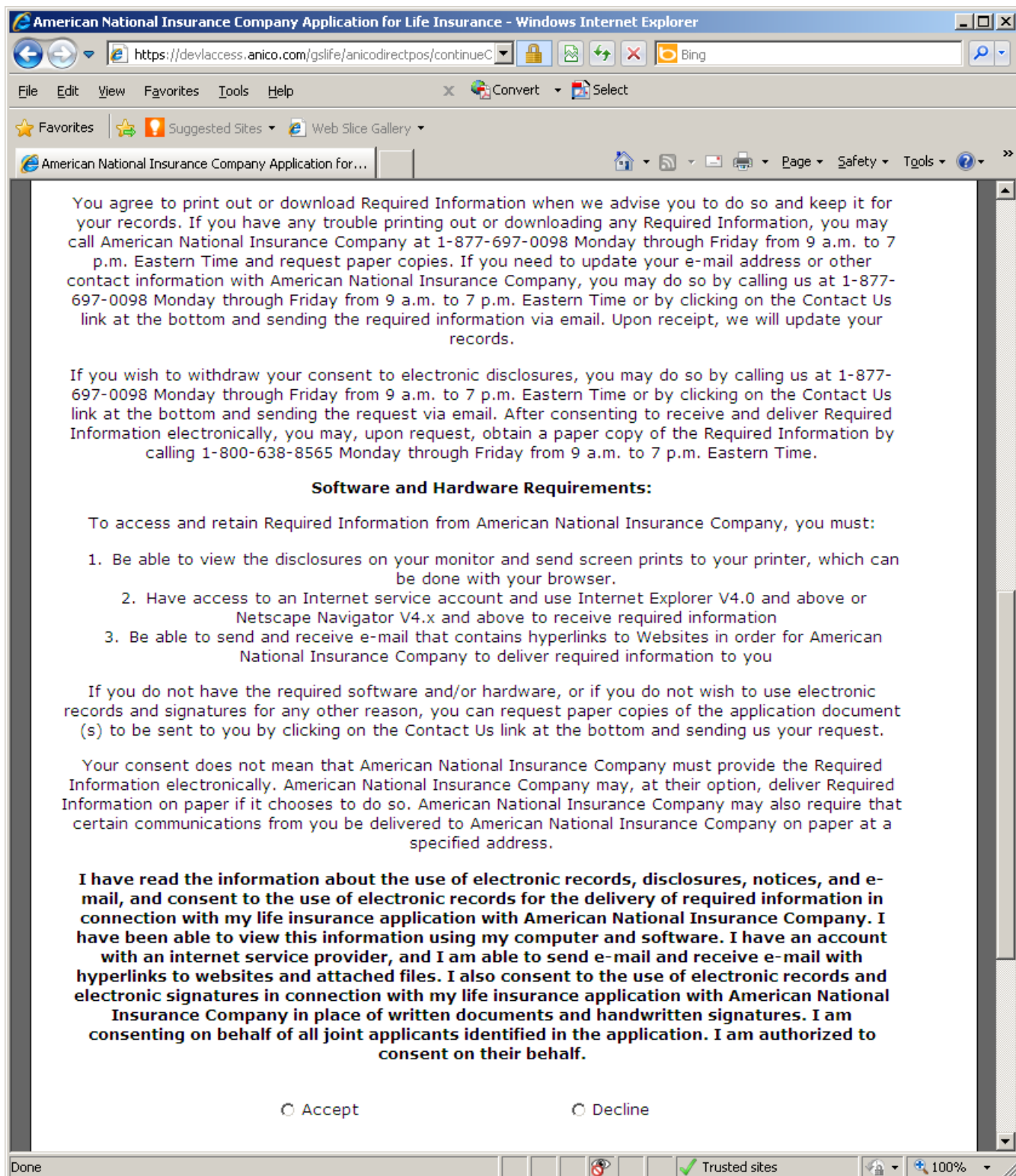
Statement of electronic disclosures:

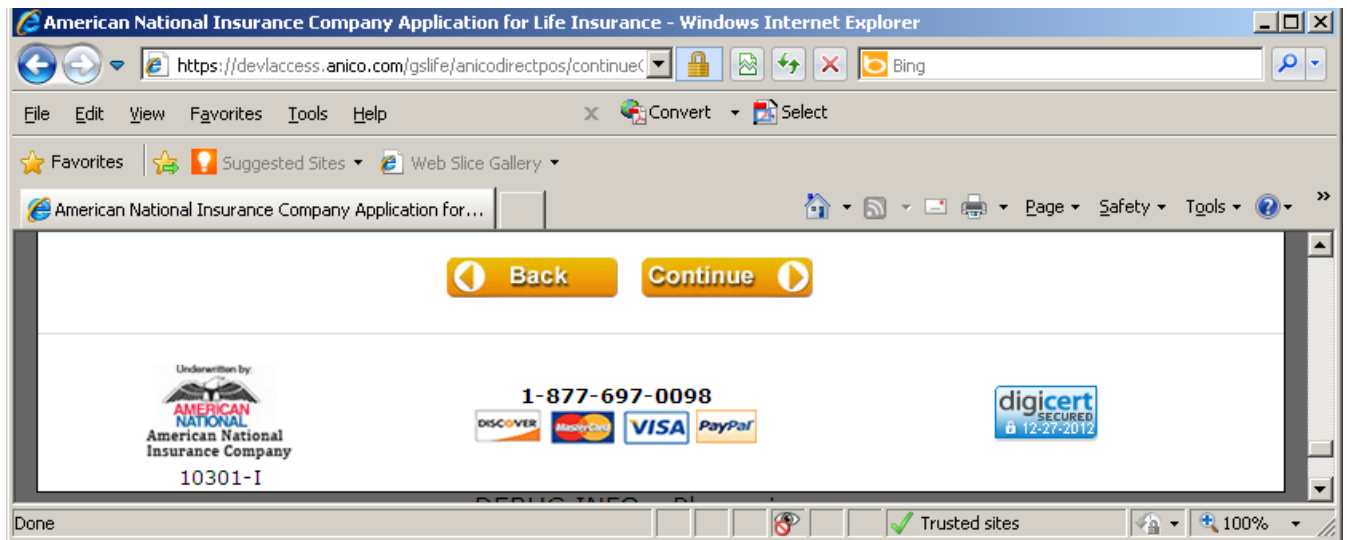
You may request to receive Required Information on paper, but if you do not consent to electronic delivery of Required Information, American National Insurance Company cannot proceed with the acceptance and processing of your electronic application.

If you consent to electronic delivery of Required Information, you may withdraw that consent at any time. However, if you withdraw your consent we will not be able to continue processing your application.

If you consent to electronic disclosures, that consent applies to all Required Information American National Insurance Company gives you or receives from you in connection with your life insurance application and the associated notices, disclosures, and other documents.

Done Trusted sites 100%





If "Decline" is selected to the "Consent for Use of Electronic Signatures and Records" disclosure

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/checkAppl

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Without the required electronic signatures, we cannot continue online processing of your application. To change your selection, just click the "Back" button below and click the Accept button on that screen. If, however, you choose not to utilize this convenient timesaving feature, you may still apply for coverage by selecting either option 1 or 2 below:

☐ **Option 1** - Please process my completed but unsigned application. I understand that, if approved, I will receive my policy in the mail and that it will contain a copy of the application I just completed. I will need to sign and return a copy of the application together with my initial premium before any insurance will go into effect.

☐ **Option 2** - I would prefer to print my application, sign it, and send it to American National Insurance Company at P.O. BOX 696700 San Antonio, TX 78269. I understand that, if approved, I will receive my policy in the mail and that I must remit my initial premium before any insurance will go into effect.

☐ **Option 3** - Please discontinue processing my application. I understand that I may return at a future date and apply again but I will have to complete a new application at that time.

[Back](#) [Continue](#)

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American National Insurance Company
10301-I

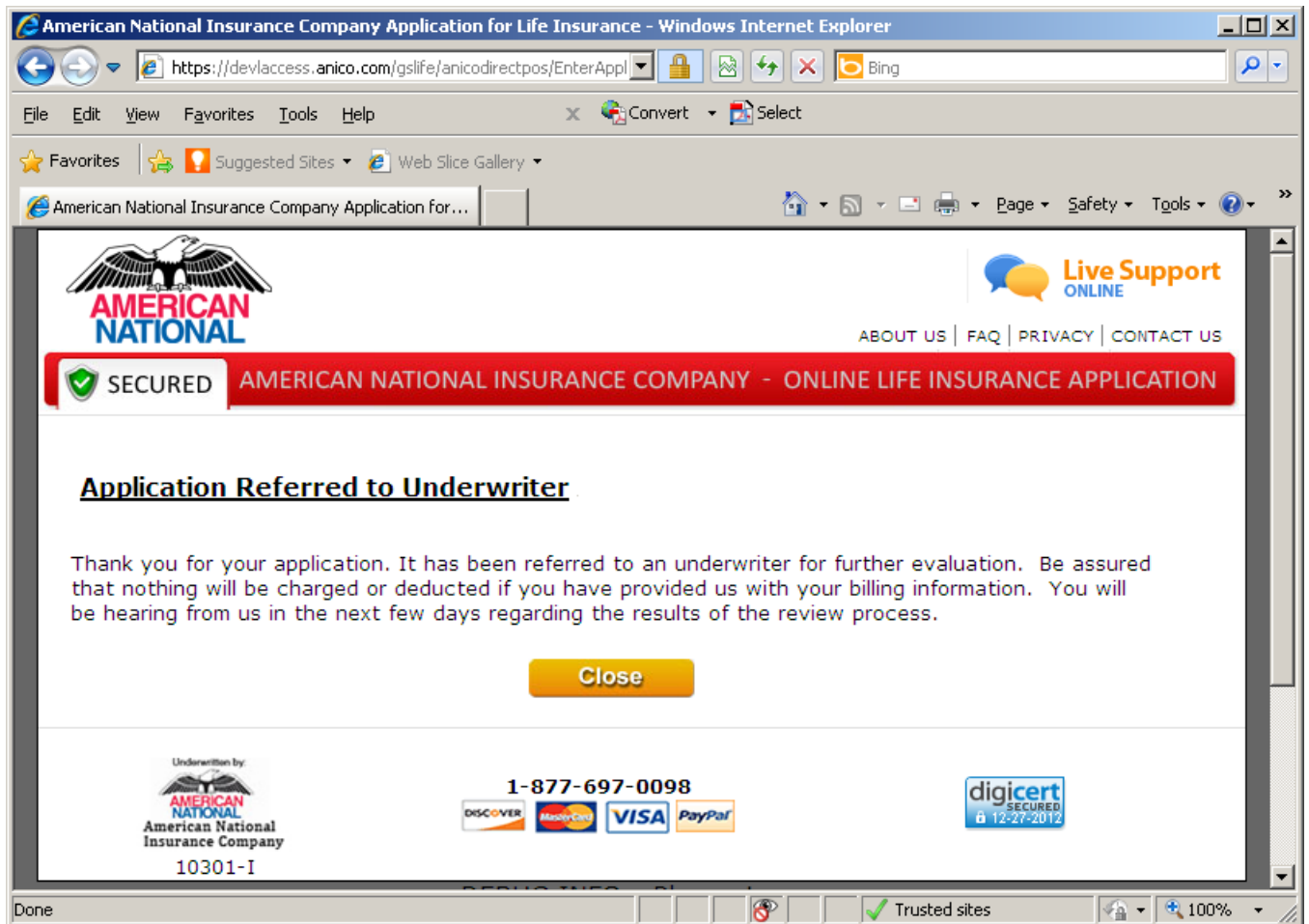
1-877-697-0098

DISCOVER MasterCard VISA PayPal

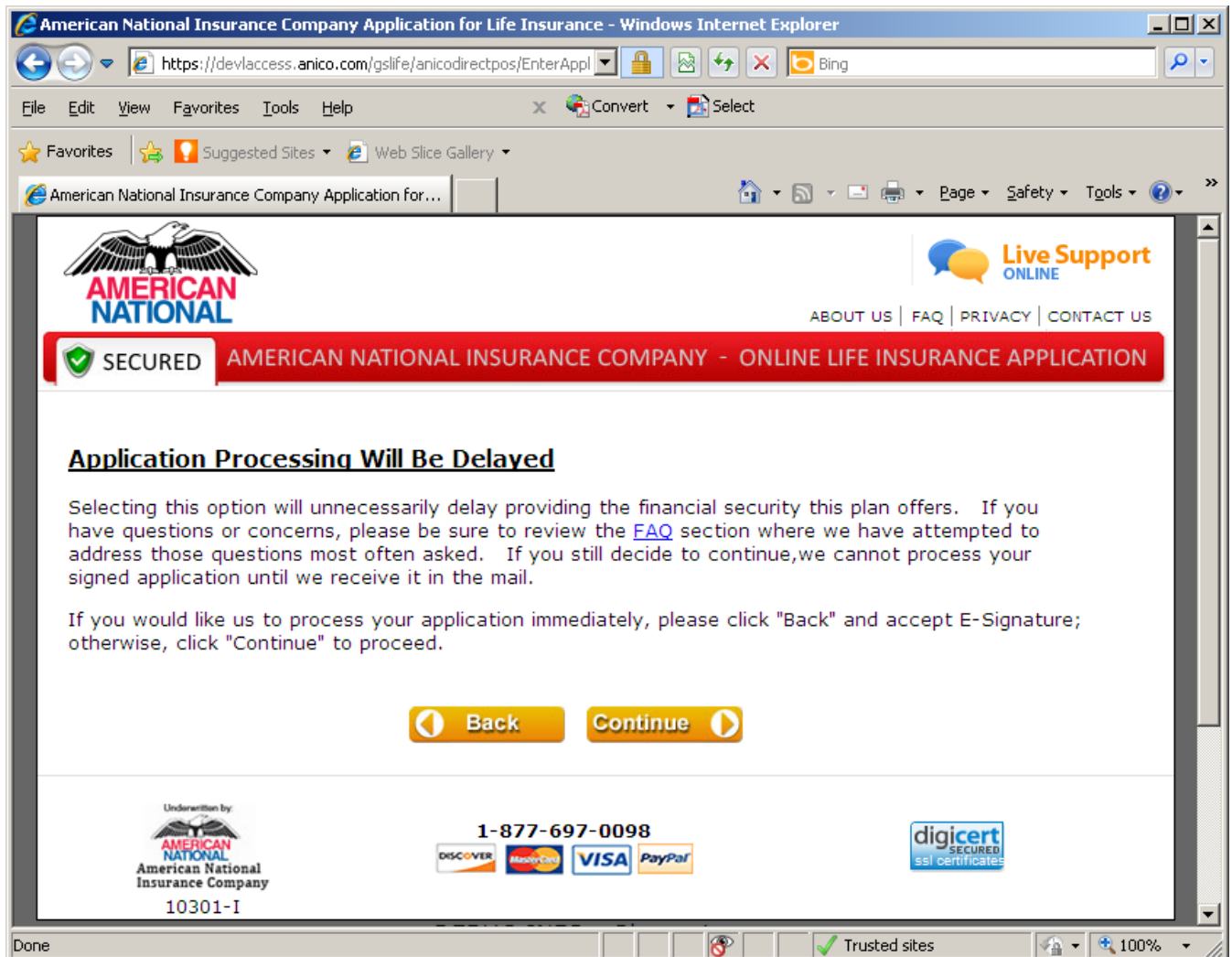
digicert
SECURED
12-27-2012

Trusted sites 100%

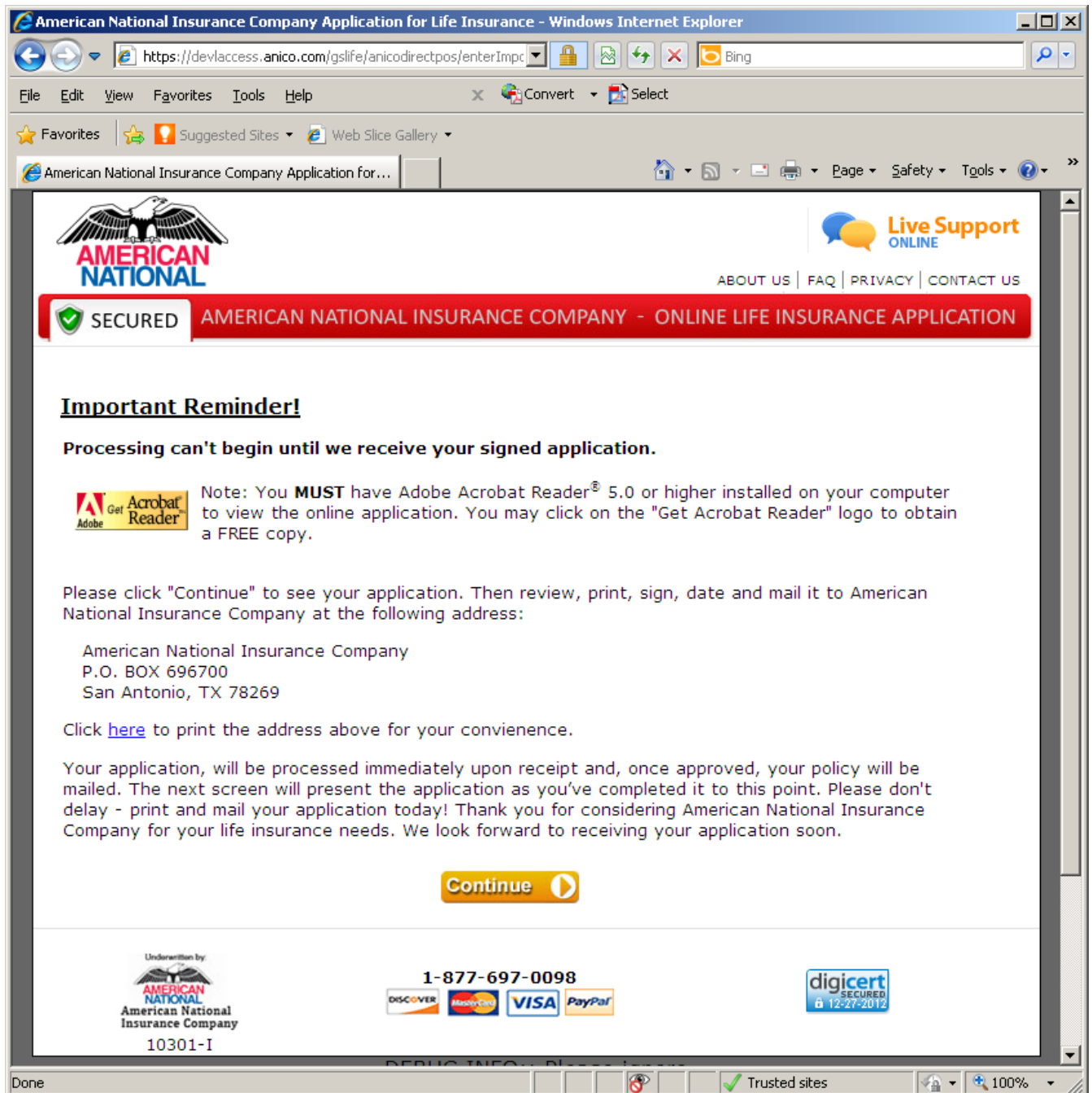
Option 1



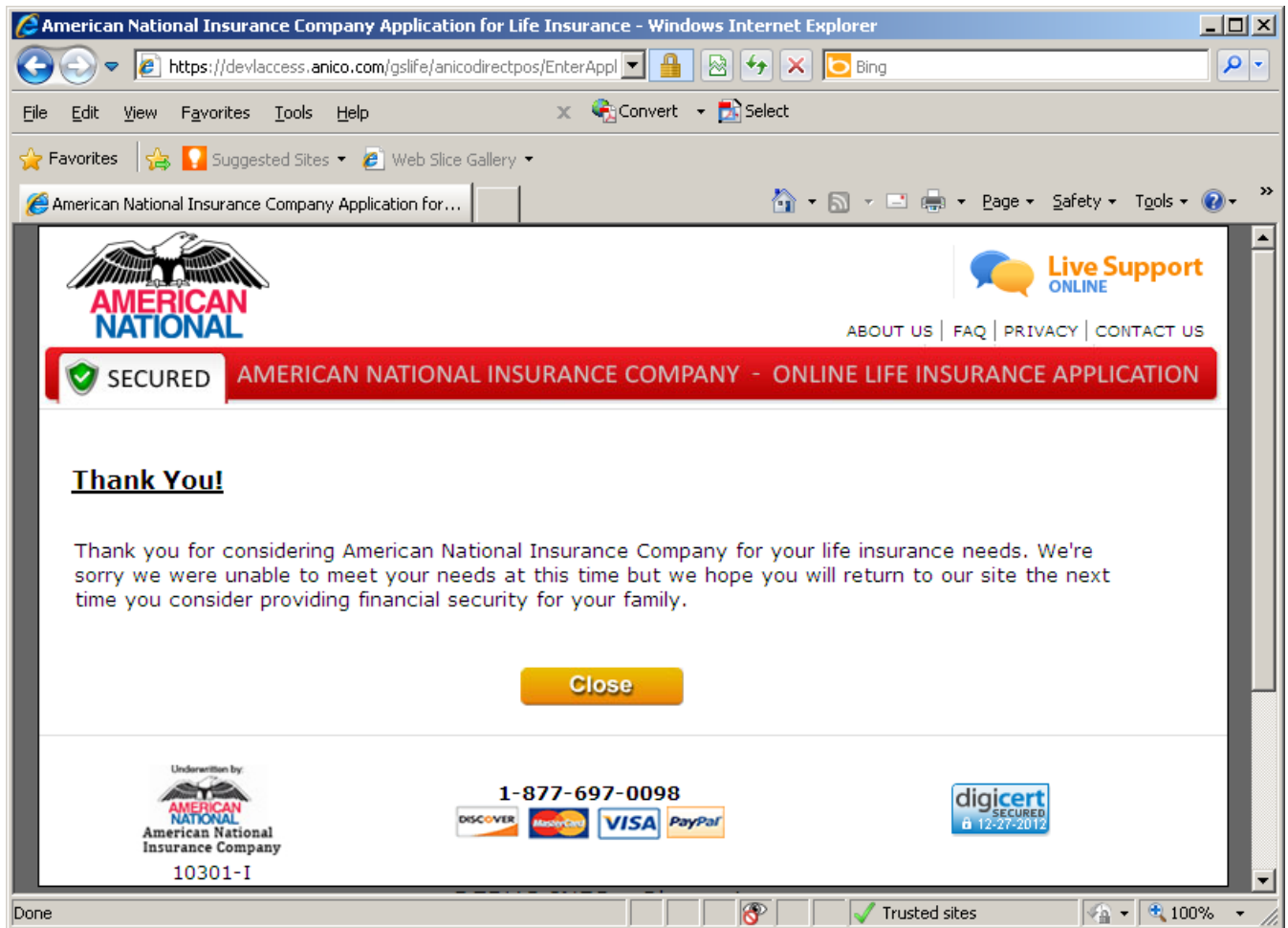
Option 2



If continue is clicked from option 2



Option 3



Payment Method Selection page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/checkApp

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Payment Method Selection

All asterisked * fields must be completed.

You can choose to pay your premiums by either credit card or automatic deductions from your checking or savings account. Which would you prefer?

***Please select a payment method**

☐ Credit Card (\$262.50 monthly)

☐ Automatic Deductions from Your Checking or Savings Account (\$262.50 monthly)

☐ Direct Billing (\$264.50 monthly) on a monthly, quarterly, semi-annual or annual basis

Back Continue

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10301-I

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Done Trusted sites 100%

Credit Card Payment Information page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/selectPay

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Credit Card Payment Information

All asterisked * fields must be completed.

Paying your premiums with a credit card is easy and secure. By submitting the following information, you authorize American National Insurance Company to charge your premiums monthly to the credit card indicated below. You understand you can revoke your authorization at any time with written notice to American National Insurance Company.

Insurance Plan: **Graded Benefit Whole Life**
Monthly Premium: **\$262.50**

Card Type: *   

Cardholder's Name: *




Card Number: * Security Code: *


Expiration Date: * /

Credit Card Billing Address:
(Please make change if necessary)





Street: * City: *


State: * Zip: * -

 **Back**  **Continue** 

Underwritten by:

American National Insurance Company
10301-I

1-877-697-0098



Trusted sites 100%

Card Type: MasterCard, Visa, Discover

Month: January - December

Year: 2010 - 2015

State: All 50 states including D.C.

ACH Payment Information page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/selectPay

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

ACH Payment Information

All asterisked * fields must be completed.

By submitting your nine-digit Routing/Transit Number in field 1 below, your account number in field 2, and the type of account in field 3, you authorize American National Insurance Company to deduct your premiums monthly from the checking or savings account indicated below. You understand you can revoke your authorization at any time with written notice to American National Insurance Company. For an example, please click on the ABA# or Acct#.

Insurance Plan: **Graded Benefit Whole Life**
Monthly Premium: **\$262.50**

Account Holder's Name:
Account Holder's Address:
Account Holder's City, State Zip: , -

DATE: [Sep 27, 2011](#)

PAY TO THE ORDER OF American National Insurance Company \$

1. * ABA# 2. * Acct# 3. * Type

[Back](#) [Continue](#)

Underwritten by:
AMERICAN NATIONAL
American National Insurance Company
10301-I

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert SECURED ssl certificates

Done

Trusted sites

100%

State: All 50 states including D.C.

Type: Checking, Savings

Electronic Review and Signing Process page

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Electronic Review And Signing Process

You will be prompted to add your electronic signature to the following documents using "CLICK TO SIGN HERE" arrows ([Click Here](#) to see a sample). By clicking on the arrow, you will agree to all the terms and conditions described above the signature or in the document. This will result in an enforceable legal document, just as if you had signed your name to a paper agreement.

Please continue by selecting, then reviewing and signing each item listed below. Failure to sign all of the items will result in our being unable to process your application online. You will still be eligible for this valuable coverage but we will have to delay the start until we can complete all of the requirements by mail.

DOCUMENT	STATUS
Step 1: Review and Click-to-Sign Contract Documents (1 document(s))	
Application For Individual Life Insurance	Waiting for Signature

Click [here](#) to print for your records.

Continue

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AMERICAN NATIONAL
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1-877-697-0098

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digicert SECURED 12/21/2012

Done Trusted sites 100%

Amico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.amico.com/esign/aws/core/online

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

Amico Direct Life Insurance

Page Safety Tools

AMERICAN NATIONAL

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Electronic Review And Signing Process

Application For Individual Life Insurance

Please review all information.
You are required to sign in 1 place(s).

AMERICAN NATIONAL D4103162

APPLICATION FOR INDIVIDUAL GRADED BENEFIT WHOLE LIFE INSURANCE POLICY

American National Insurance Company
P.O. BOX 696700
San Antonio, TX 78269

ABOUT YOU

Name: Mr ArTesting GBLapp E-mail: test@test.com

Address: 125 Main St Apt.

City: Little Rock State: AR ZIP Code: 72112

Home Phone: (780) 894 - 6448 Work Phone: () -

Social Security Number: 534 - 35 - 8750 Date of Birth: 01 / 01 / 1940 ☐ Female ☒ Male

Optional Secondary Addressee (for notification of past due premiums): Name:

Address: City: State: ZIP Code:

YOUR BENEFICIARY AND AMOUNT OF COVERAGE

Plan: Graded Benefit Whole Life Amount: \$ 10,000

Beneficiary: Relationship:

If no beneficiary survives the owner, or none is named, payment will be made to the owner's estate

Do you intend to replace, discontinue, or change any existing life insurance policy issued by any company in relation to your purchase of this product? ☐ Yes ☒ No

If Yes, name of company and policy number(s): Amount

PAYMENT SELECTION

I authorize the collection of premiums in accordance with the payment method selected, unless instructed otherwise.

Direct Billing

Charge monthly premiums to my

AGREEMENTS AND REPRESENTATIONS

I represent the information above is true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable if death occurs from sickness or natural causes during the first two years. The reduced benefit amount is

Application ready for E-Signature (cont)

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online

File Edit View Favorites Tools Help X Convert Select

★ Favorites ★ Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

equal to 25% of the face amount during the first year and 50% of the face amount during the second year. I also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during my lifetime. To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. (AR): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: X _____ Date: X ____/____/____
1030107R11 Month Day Year

CLICK TO SIGN HERE

e-Signature
by silanis

Click [here](#) to print for your record.

Back Continue

Underwritten by
AMERICAN NATIONAL
American National Insurance Company

1-877-697-0098

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SECURED
12/24/2012

Done Trusted sites 100%

E-Signature completed

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online#awsApprovalBlock1_235524_10301-

File Edit View Favorites Tools Help

★ Favorites ☆ Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

equal to 25% of the face amount during the first year and 50% of the face amount during the second year. I also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during my lifetime. To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. (AR): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: X _____ Date: X ____ / ____ / ____
1030107R11 Month Day Year

✓ SIGNED

e-Signature
by silanis

Click [here](#) to print for your record.

Back Continue

Underwritten by
AMERICAN NATIONAL
American National Insurance Company

1-877-697-0098

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SECURED
12-27-2012

Done

Trusted sites 100%

Electronic Review and Signing Process page, showing all documents are signed

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Electronic Review And Signing Process

You will be prompted to add your electronic signature to the following documents using "CLICK TO SIGN HERE" arrows ([Click Here](#) to see a sample). By clicking on the arrow, you will agree to all the terms and conditions described above the signature or in the document. This will result in an enforceable legal document, just as if you had signed your name to a paper agreement.

Please continue by selecting, then reviewing and signing each item listed below. Failure to sign all of the items will result in our being unable to process your application online. You will still be eligible for this valuable coverage but we will have to delay the start until we can complete all of the requirements by mail.

DOCUMENT	STATUS
Step 1: Review and Click-to-Sign Contract Documents (1 document(s))	
Application For Individual Life Insurance	Signed ✓

Click [here](#) to print for your records.

Continue

Underwritten by:
AMERICAN NATIONAL
American National Insurance Company

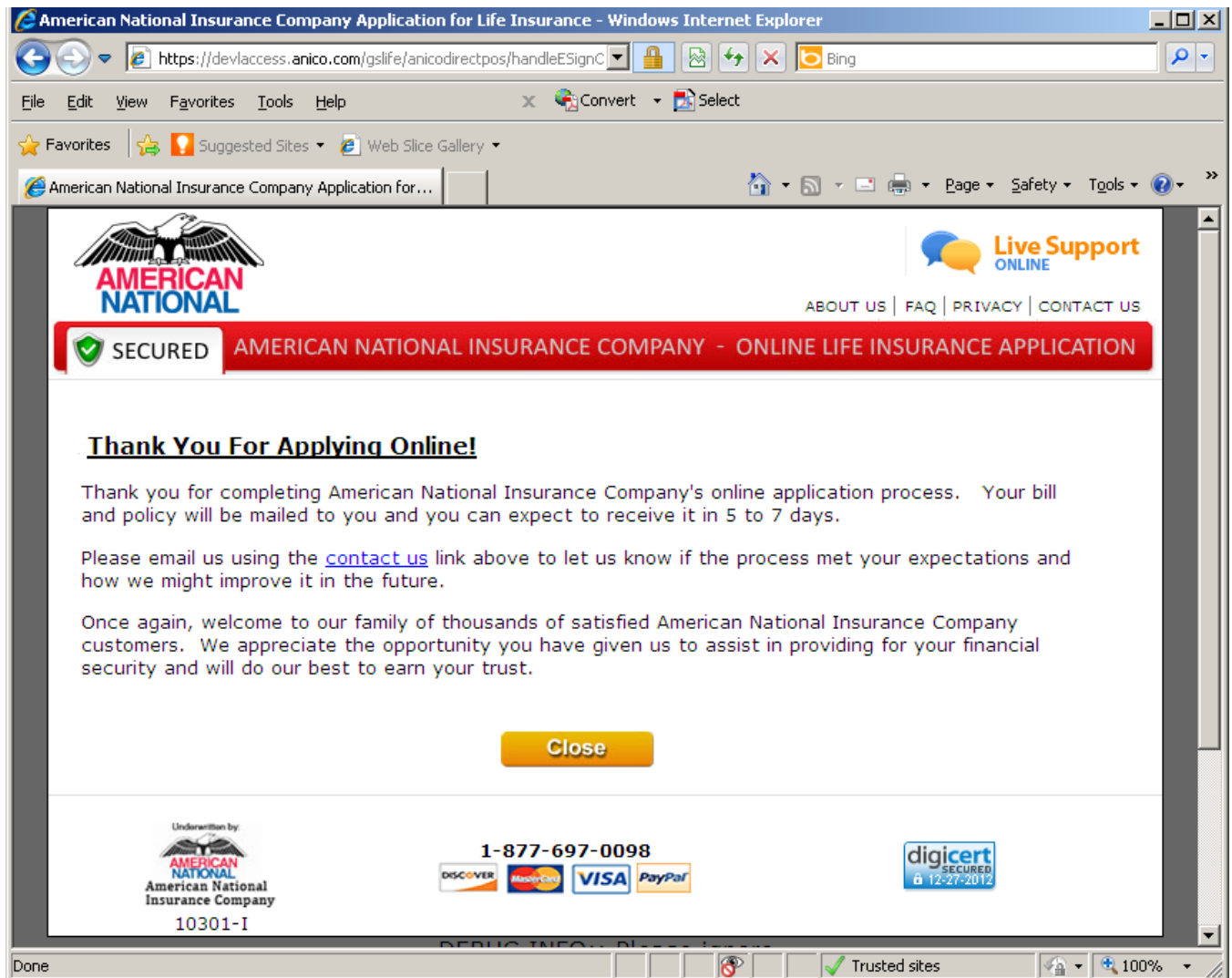
1-877-697-0098

DISCOVER MasterCard VISA PayPal

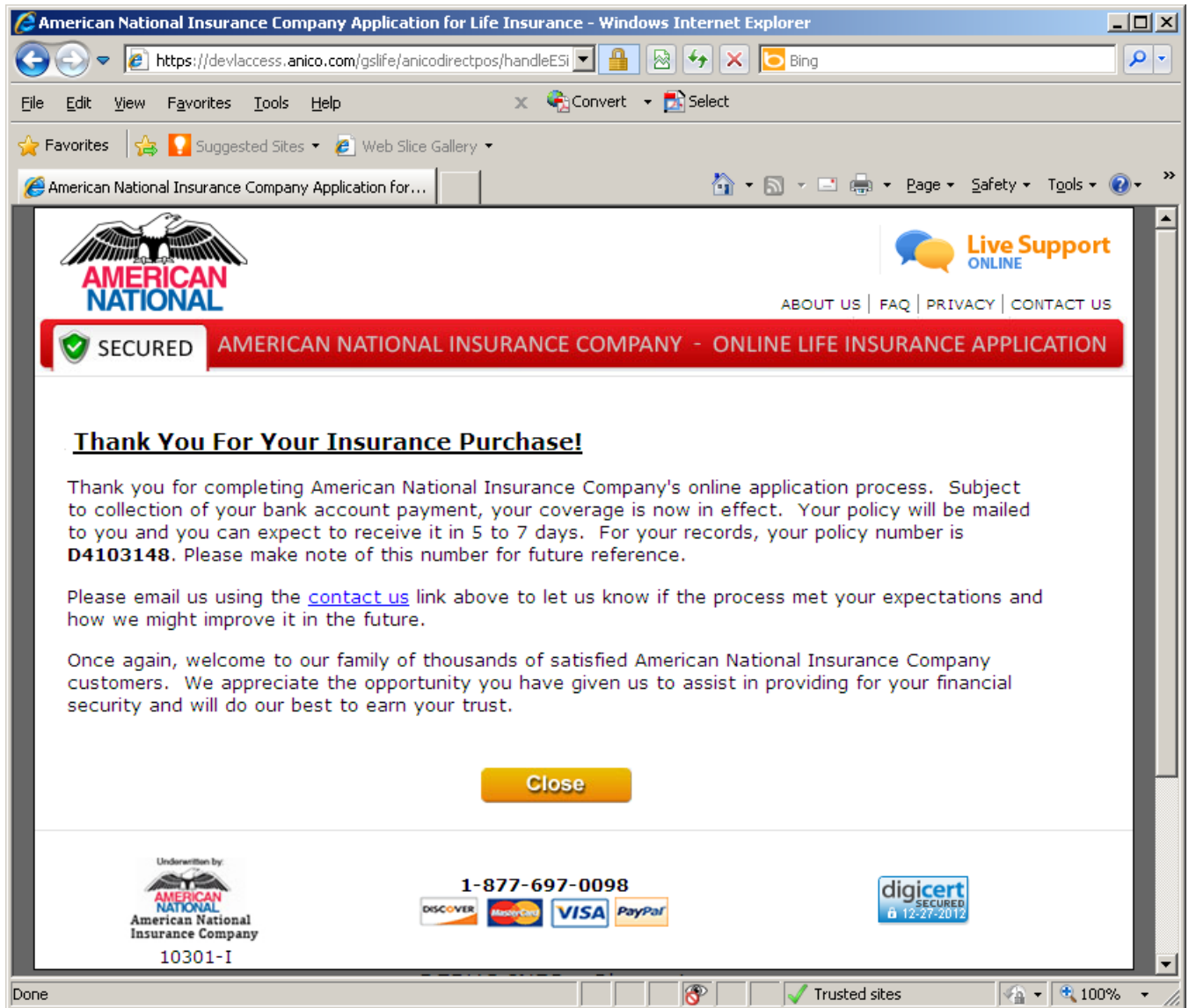
digicert SECURED 12-27-2012

Done Trusted sites 100%

If the payment method is direct bill this page will display



If payment has been received by either credit card or ACH this page will display along with the customer's new policy number.



Get a Fast Quote page

The screenshot shows a web browser window titled "American National Insurance Company Application for Life Insurance - Windows Internet Explorer". The address bar shows the URL: <https://devlaccess.anico.com/gslife/anicodeirectpos/startICCP>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar shows various icons for navigation and security. The page content features the American National Insurance Company logo at the top left, a "Live Support ONLINE" button at the top right, and a red banner with a "SECURED" icon and the text "AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION". Below the banner, the heading "Get A FastQuote" is displayed, followed by a note: "All asterisked * fields must be completed." The form includes several input fields: "Promotion Name:" with a dropdown menu, "State of Residence:" with a dropdown menu, "Date of Birth:" with three dropdown menus for month, day, and year, "Gender:" with radio buttons for "Male" and "Female", "Coverage Amount:" with a text input field labeled "(in whole dollars)", "First Name:", "Middle Initial:", and "Last Name:" with text input fields, "Suffix:" with a dropdown menu, "Primary Mailing Address:" with a text input field, "City:" with a text input field, "Zip:" with a text input field, "E-Mail Address:" with a text input field, "Work Telephone Number:" with a text input field, and "Home Telephone Number:" with a text input field. At the bottom of the form are two buttons: "Refuse" and "Get Quote". The footer of the page includes the American National Insurance Company logo, the text "Underwritten by:", the phone number "1-877-697-0098", logos for Discover, MasterCard, VISA, and PayPal, and a "digicert SECURED 12-27-2012" logo. The browser's status bar at the bottom shows "Trusted sites" and "100%".

AMERICAN NATIONAL

Live Support
ONLINE

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Get A FastQuote
All asterisked * fields must be completed.

Promotion Name: *

State of Residence: *

Date of Birth: * / /

Gender: * ☐ Male ☐ Female

Coverage Amount *
(in whole dollars)

First Name: Middle Initial: Last Name:

Suffix:

Primary Mailing Address:

City:

Zip: -

E-Mail Address:

Work Telephone Number: - - Home Telephone Number: - -

Refuse Get Quote

Underwritten by:
AMERICAN NATIONAL
American National Insurance Company
10301-C

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert
SECURED
12-27-2012

Trusted sites 100%

Promotion Name: Company marketing promotions

State: All 50 states including D.C.

Date of Birth: Month: January – December; Days: 1 – 31; Year: 1924 – 2010

Your Personalized Fast Quote page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/getCallCer

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Your Personalized FastQuote!

All asterisked * fields must be completed.

Based on the information you provided, you are eligible to apply for:

*Insurance Plan	Coverage Amount	Monthly Premium	Cash Values After		
			5 Yrs	10 Yrs	20 Yrs
<input checked="" type="radio"/> Graded Benefit Whole Life	\$10,000	\$109.40	\$1,873.00	\$3,705.00	\$6,474.00
+ Show Details					

(Special Monthly Rate - Save \$2 per month by choosing one of our automatic payment methods)

To find out more about this product and how it can meet your needs, simply click on the product name above.

If you would like another quote, Please enter another Coverage Amount (in whole dollars):

[New Quote](#) Or [Apply Now](#)

[Back](#)

[Refuse](#)

Underwritten by
AMERICAN NATIONAL
American National Insurance Company
10301-C

1-877-697-0098

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digicert SECURED SSL certificates

Done Trusted sites 100%

Get a Fast Quote page (cont)

The screenshot shows a web browser window titled "American National Insurance Company Application for Life Insurance - Windows Internet Explorer". The address bar shows the URL: <https://devlaccess.anico.com/gslife/anicoirectpos/processCe>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar shows icons for back, forward, home, and search, along with a search bar containing "Bing". The page content features the American National Insurance Company logo at the top left, a "Live Support ONLINE" button at the top right, and a red banner with a "SECURED" icon and the text "AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION". Below the banner, the heading "Get A FastQuote" is followed by the instruction "All asterisked * fields must be completed." The form includes fields for First Name, Middle Initial, Last Name, Suffix, Primary Mailing Address, City, State, Zip, E-Mail Address, Work Telephone Number, and Home Telephone Number. At the bottom of the form are "Refuse" and "Continue" buttons. The footer contains the American National Insurance Company logo, the phone number 1-877-697-0098, logos for Discover, MasterCard, VISA, and PayPal, and a "digicert SECURED" logo. The browser's status bar at the bottom shows "Done" and "Trusted sites".

AMERICAN NATIONAL

LIVE Support
ONLINE

ABOUT US | FAQ | PRIVACY | CONTACT US

SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Get A FastQuote
All asterisked * fields must be completed.

First Name: * Middle Initial: Last Name: *

Suffix:

Primary Mailing Address:

City: * State: *

Zip: * -

E-Mail Address:

Work Telephone Number: - - Home Telephone Number: * - -

Refuse Continue

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Insurance Company
10301-C

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert
SECURED
12/27/2012

Done Trusted sites 100%

Suffix: I, II, III, IV, V, Jr., Sr.

State: All 50 states including D.C.

Applicant Information page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/processCe

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Applicant Information (Continued)

All asterisked * fields must be completed.

Social Security Number: * - -

Do you intend to replace, discontinue, or change any existing life insurance policy issued by any company in relation to your purchase of this product? * ☐ Yes ☐ No

Refuse **Continue**

Underwritten by:
AMERICAN NATIONAL
American National Insurance Company
10301-C

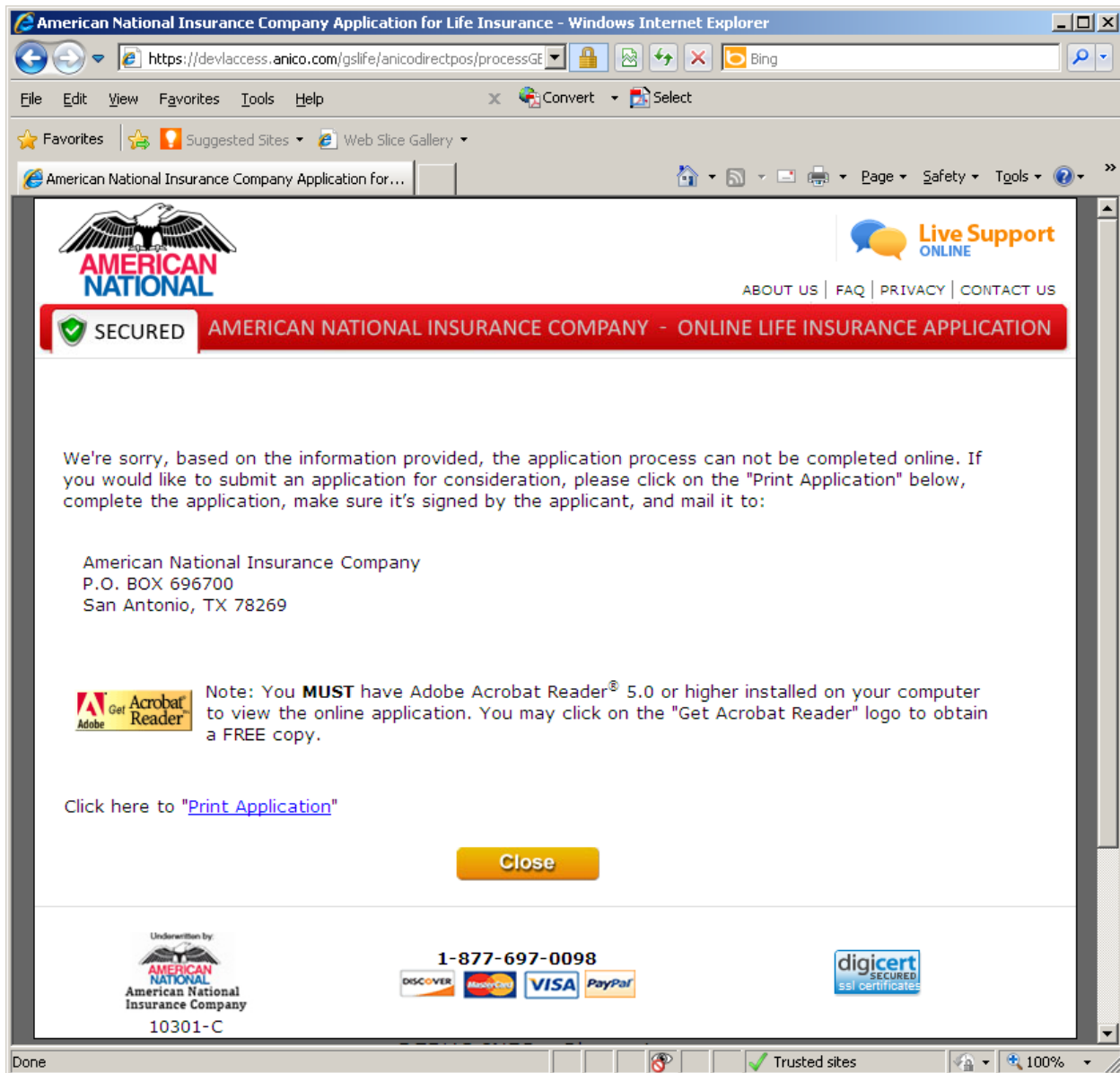
1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert SECURED ssl certificates

Done Trusted sites 100%

If "yes" is selected to the replacement question this page will display



Beneficiary Information page

The screenshot shows a web browser window titled "American National Insurance Company Application for Life Insurance - Windows Internet Explorer". The address bar shows the URL: <https://devlaccess.anico.com/gslife/anicodeirectpos/processGE>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar shows various icons for navigation and security. The page content includes the American National Insurance Company logo, a "Live Support ONLINE" button, and a red banner with a "SECURED" icon and the text "AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION". Below the banner, the section is titled "Applicant Information (Continued)" with a note: "All asterisked * fields must be completed." The "Beneficiary Information:" section includes a sub-note: "(If no beneficiary survives the owner, or none is named, payment will be made to the owner's estate)". The form fields are: First Name (text box), Middle Initial (text box), Last Name (text box), Suffix (dropdown menu), Relationship (dropdown menu), and Additional Beneficiary Information (text box with a vertical scrollbar). At the bottom of the form are three buttons: "Refuse", "Back", and "Continue". The footer of the page includes the American National Insurance Company logo, the phone number "1-877-697-0098", logos for Discover, MasterCard, VISA, and PayPal, and a "digicert SECURED" logo with the date "12-27-2012". The browser's status bar at the bottom shows "Done", a "Trusted sites" icon, and a zoom level of "100%".

AMERICAN NATIONAL

Live Support ONLINE

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Applicant Information (Continued)
All asterisked * fields must be completed.

Beneficiary Information:
(If no beneficiary survives the owner, or none is named, payment will be made to the owner's estate)

First Name: Middle Initial: Last Name:

Suffix:

Relationship:

Additional Beneficiary Information:

Refuse **Back** **Continue**

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AMERICAN NATIONAL
American National Insurance Company
10301-C

1-877-697-0098

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SECURED
12-27-2012

Done Trusted sites 100%

Suffix: I, II, III, IV, V, Jr., Sr.

Relationship: Son, Daughter, Brother, Father, Sister, Father-in-law, Brother-in-law, Sister-in-law, Grandson, Granddaughter, Mother, Niece, Nephew, Other, Spouse, Child, Parent, Mother-in-law, Estate, Fiance

Secondary Addressee

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/processCc

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Applicant Information (Continued)

All asterisked * fields must be completed.

You may name an optional Secondary Addressee to receive notification of past due premiums on your policy.

Secondary Addressee:

First Name: Middle Initial: Last Name:

Suffix:

Mailing Address:

City: State:

Zip: -

Refuse **Back** **Continue**

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Proposed Insured page

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/processSe


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 AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

The answers you provided will be recorded on your application which will be included in your policy when it is delivered. Please review the application carefully and call American National Insurance Company if there are any errors.





 Note: You **MUST** have Adobe Acrobat Reader® 5.0 or higher installed on your computer to view the online application. You may click on the "Get Acrobat Reader" logo to obtain a FREE copy.


Failure to provide complete and accurate answers to the questions on the application may result in loss of insurance coverage or denial of a claim.

Is the person completing this application the proposed insured? * ☐ Yes ☐ No
Click [here](#) to review your application.

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“Consent for Use of Electronic Signatures and Records” disclosure page

The screenshot shows a Windows Internet Explorer browser window displaying the American National Insurance Company's online life insurance application. The address bar shows the URL: <https://devlaccess.anico.com/gslife/anicodeirectpos/continueO>. The page features the American National logo, a "Live Support ONLINE" button, and navigation links for "ABOUT US", "FAQ", "PRIVACY", and "CONTACT US". A red banner indicates the page is "SECURED" and is the "AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION".

Consent For Use Of Electronic Signatures and Records

Please play the recording for the customer.

A media player interface is shown with a play button and a progress bar.

Consent for use of electronic signatures and records:

American National Insurance Company is required by law to provide you with certain disclosures and information about your life insurance application. This part of the notice requires you to consent to the use of electronic signatures in connection with your application. This consent will allow the representative to electronically sign on your behalf, the application documents for which you have just provided information. Even if you consent to use electronic signatures, paper copies of the application documents will be sent to you with your policy for your review.

If you consent to the use of electronic signatures in place of handwritten signatures as just stated please say, "I agree." ☐

At the bottom, there are three buttons: "Refuse", "Back", and "Continue".

The footer includes the American National Insurance Company logo, the phone number 1-877-697-0098, logos for Discover, MasterCard, VISA, and PayPal, and a "digicert SECURED ssl certificates" logo.

The browser status bar at the bottom shows "Done", a "Trusted sites" icon, and a zoom level of 100%.

By checking the box above the database is updated with a “yes” that the customer has accepted the disclosure.

Payment Method Selection

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicodeirectpos/checkAppl

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

American National Insurance Company Application for...

Live Support ONLINE

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Payment Method Selection

All asterisked * fields must be completed.


You can choose to pay your premiums by either credit card or automatic deductions from your checking or savings account. Which would you prefer?

***Please select a payment method**





☐ Credit Card (\$107.40 monthly)   


☐ Direct Billing (\$109.40 monthly) on a monthly, quarterly, semi-annual or annual basis

Refuse **Back** **Continue**

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Done Trusted sites 100%

Credit Card Payment Information page

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https://devlaccess.anico.com/gslife/anicoirectpos/selectPayr

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Credit Card Payment Information

All asterisked * fields must be completed.

Paying your premiums with a credit card is easy and secure. By submitting the following information, you authorize American National Insurance Company to charge your premiums monthly to the credit card indicated below. You understand you can revoke your authorization at any time with written notice to American National Insurance Company.

Insurance Plan: **Graded Benefit Whole Life**
Monthly Premium: **\$107.40**

Card Type:   

Cardholder's Name:

Card Number: Security Code:


Expiration Date: /

Credit Card Billing Address:
(Please make change if necessary)





Street: City:


State: Zip: -

Refuse **Back** **Continue**

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10301-C

1-877-697-0098



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Card Type: MasterCard, Visa, Discover

Month: January - December

Year: 2011 - 2016

State: All 50 states including D.C.

Consent to Agreements

American National Insurance Company Application for Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/gslife/anicoirectpos/agreemer

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American National Insurance Company Application for...


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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Consent to Agreements

Please play the recording about agreements.



You represent the information above is true and complete to the best of your knowledge and belief. You understand that a reduced death benefit amount is payable if death occurs from sickness or natural causes during the first two years. The reduced benefit amount is equal to 25% of the face amount during the first year and 50% of the face amount during the second year. You also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during your lifetime. To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In order for us to ensure your understanding and to obtain your authorization and agreement to what has just been read to you, please say 'I accept'

Continue

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10301-C

1-877-697-0098

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Electronic Review and Signing Process page

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Electronic Review And Signing Process

You will be prompted to add your electronic signature to the following documents using "CLICK TO SIGN HERE" arrows ([Click Here](#) to see a sample). By clicking on the arrow, you will agree to all the terms and conditions described above the signature or in the document. This will result in an enforceable legal document, just as if you had signed your name to a paper agreement.

Please continue by selecting, then reviewing and signing each item listed below. Failure to sign all of the items will result in our being unable to process your application online. You will still be eligible for this valuable coverage but we will have to delay the start until we can complete all of the requirements by mail.

DOCUMENT	STATUS
Step 1: Review and Click-to-Sign Contract Documents (1 document(s))	
Application For Individual Life Insurance	Waiting for Signature

Click [here](#) to print for your records.

Continue

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AMERICAN NATIONAL
American National Insurance Company

1-877-697-0098

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digicert SECURED 12-27-2012

Done Trusted sites 100%

Application ready for E-Signature

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Electronic Review And Signing Process

Application For Individual Life Insurance

Please review all information.
You are required to sign in 1 place(s).



D4103169

**APPLICATION FOR
INDIVIDUAL GRADED BENEFIT
WHOLE LIFE INSURANCE POLICY**

American National Insurance Company
P.O. BOX 696700
San Antonio, TX 78269

ABOUT YOU

Name: Mr ArTesting GBLapptwo E-mail: test@test.com

Address: 500 Main St Apt. _____

City: Little Rock State: AR ZIP Code: 72112

Home Phone: (754) 644 - 5450 Work Phone: () -

Social Security Number: 886 - 40 - 8340 Date of Birth: 01 / 01 / 1940 ☐ Female ☒ Male

Optional Secondary Addressee (for notification of past due premiums): Name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

YOUR BENEFICIARY AND AMOUNT OF COVERAGE

Plan: Graded Benefit Whole Life Amount: \$ 10,000

Beneficiary: _____ Relationship: _____

If no beneficiary survives the owner, or none is named, payment will be made to the owner's estate

Do you intend to replace, discontinue, or change any existing life insurance policy issued by any company in relation to your purchase of this product? ☐ Yes ☒ No

If Yes, name of company and policy number(s): _____ Amount _____

PAYMENT SELECTION

I authorize the collection of premiums in accordance with the payment method selected, unless instructed otherwise.

Direct Billing

Charge monthly premiums to my

AGREEMENTS AND REPRESENTATIONS

I represent the information above is true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable if death occurs from sickness or natural causes during the first two years. The reduced benefit amount is

Application ready for E-Signature (cont)

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

equal to 25% of the face amount during the first year and 50% of the face amount during the second year. I also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during my lifetime. To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. (AR): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: X _____ Date: X ____/____/____
1030107R11 Month Day Year

CLICK TO SIGN HERE

e-Signature
by silanis

Click [here](#) to print for your record.

Decline Back Continue

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American National Insurance Company

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E-Signature completed

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online#awsApprovalBlock1_235534_10301-07

File Edit View Favorites Tools Help X Convert Select

Favorites Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

equal to 25% of the face amount during the first year and 50% of the face amount during the second year. I also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during my lifetime. To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information.

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Signature of Applicant: X _____ Date: X ____ / ____ / ____
1030107R11 Month Day Year

✓ SIGNED

e-Signature
by silanis

Click [here](#) to print for your record.

Decline Back Continue

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AMERICAN NATIONAL
American National Insurance Company

1-877-697-0098

DISCOVER MasterCard VISA PayPal

digicert
SECURED
12-21-2012

Done Trusted sites 100%

Electronic Review and Signing Process page, showing all documents are signed

Anico Direct Life Insurance - Windows Internet Explorer

https://devlaccess.anico.com/esign/aws/core/online

File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery

Anico Direct Life Insurance

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SECURED AMERICAN NATIONAL INSURANCE COMPANY - ONLINE LIFE INSURANCE APPLICATION

Electronic Review And Signing Process

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Please continue by selecting, then reviewing and signing each item listed below. Failure to sign all of the items will result in our being unable to process your application online. You will still be eligible for this valuable coverage but we will have to delay the start until we can complete all of the requirements by mail.

DOCUMENT	STATUS
Step 1: Review and Click-to-Sign Contract Documents (1 document(s))	
Application For Individual Life Insurance	Signed ✓

Click [here](#) to print for your records.

Continue

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American National Insurance Company

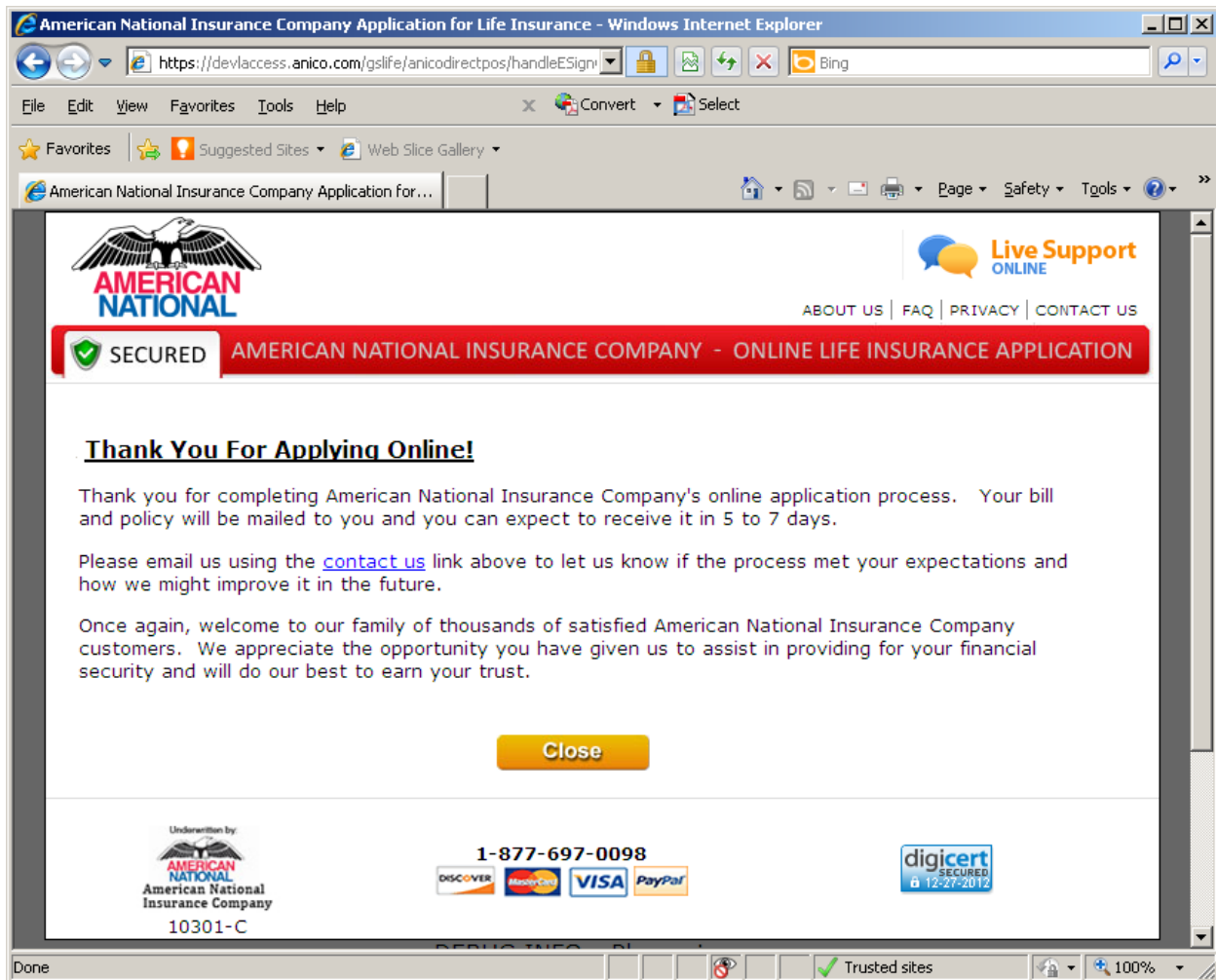
1-877-697-0098

DISCOVER MasterCard VISA PayPal

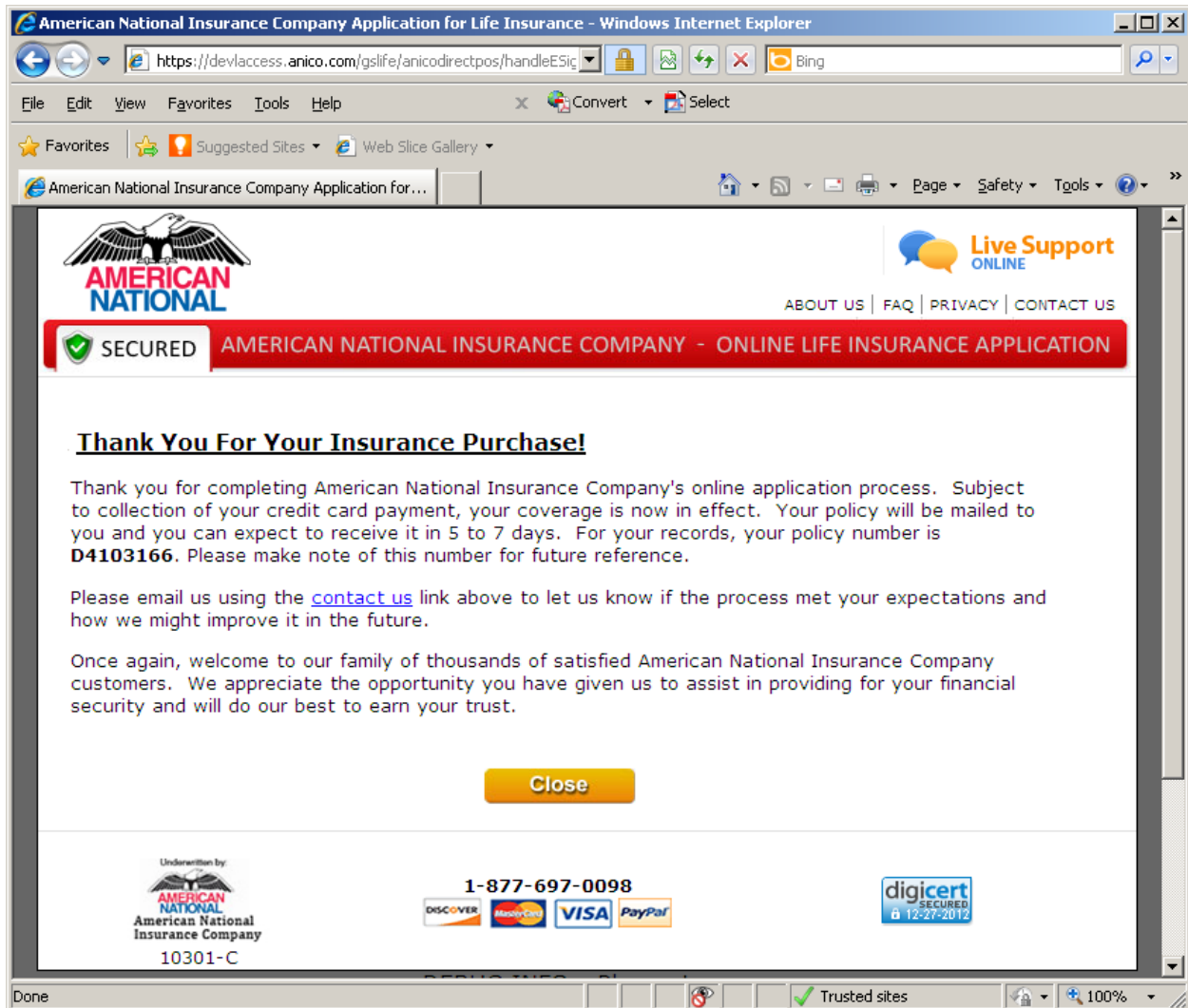
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If the payment method is direct bill this page will display



If payment has been received by credit card this page will display along with the customer's new policy number.



<i>SERFF Tracking Number:</i>	<i>AMNA-127671489</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>49964</i>
<i>Company Tracking Number:</i>	<i>1030107R11</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>1030107R11</i>		
<i>Project Name/Number:</i>	<i>1030107R11/1030107R11</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/06/2011	Supporting	Online and Telephone Screens Document	10/07/2011	Part 1 1030107R11-AR - Online Screens.pdf Part 2 1030107R11-AR - Online Screens.pdf